



Summer Fun 2017

Medication Form

www.vcstulsa.org

7700 S. Lewis Ave.

Tulsa, OK 74136

(918)491-7753

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STEP 1: List all the medication that needs to be administered while at Summer Fun. Please include any "over-the-counter" medication.

STEP 2: Sign and place this form (*with the Medication Instructions side facing out*) on the inside of a zip-loc bag with all of the listed medications.

STEP 3: Send this form with your student and have it ready to give to the staff attendant at check in.
(HAVE IT OUT READY TO HAND TO THE STAFF AT CHECK IN)

IMPORTANT MEDICAL POLICY:

*If you are bringing prescription medication, vitamins, or routine "over-the-counter" medications, they must be in the **original pharmacy labeled container** or the **original manufacturer's container**. Send only the amount needed for the day/week.

*Prescription medication must have the student's name on the prescription bottle.

*Any sample prescription medication must be accompanied by a signed physician prescription.

I _____, declare that the information listed on this form is correct and complete.

I hereby give permission for the Summer Fun staff to administer the medication as directed below.

Parent signature: _____ Date: _____

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↓ **Fold here**

PLEASE PRINT: Name: _____

Date: _____ Grade: _____

Circle One: M F

Allergies: _____

DRUG NAME	DOSAGE	TIME GIVEN	ONLY @ STUDENT REQUEST	SPECIAL INSTRUCTIONS